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# GLUCOCORTICOID INJECTION CHANGES

## INFORMATION FOR ATHLETES

Glucocorticoids (GCs) are commonly used to treat inflamation and severe allergies.

**ALL GC injections (e.g. cortisone) will be prohibited in-competition from 1 January 2022.**

## Detectable for 60 days or more

Most GCs are eliminated from your body within 3-5 days, but some take 60 days or more to be undetectable to doping control. The time it takes for this to occur is known as the "washout" period.

Sometimes, an in-competition test sample may be positive for GCs after an out-of-competition injection. In these cases, you must be prepared to apply for a retrospective Therapeutic Use Exemption (TUE).

## TUEs for GC injections

If you are prescribed a GC injection during the in-competition period then you'll need to know if you require an in-advance TUE. Our TUE decision-making chart will help you work it out.

If you don't require an in-advance TUE, or you require a GC injection out-of-competition then you should ask your doctor to make comprehensive medical records relating to your GC treatment and share these with you. They will be required if you need to apply for a retroactive TUE.

**In a medical emergency such as an acute asthma attack or violent allergic reaction, your health comes first. Always get the treatment you need.**

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# TUE decision-making chart

**When do you require a GC injection?**

**In-competition**

Do you require an in-advance TUE?

Yes

Apply for TUE. It must be granted before seeking treatment.

No

Seek treatment and keep a medical record.

Tested

If positive test is recorded, apply for retroactive TUE using your medical record.

Not tested

Keep a medical record in case it is required later.

**Out-of-competition**

Seek treatment and keep a medical record to apply for a retroactive TUE if necessary.

As athletes it is important to:

- discuss your competitive status with your medical professional;
- check all medications on GlobalDro.

## Medical records

Your medical record is required when applying for a TUE and should include:

- a medical diagnosis where a GC injection is the recognised treatment;
- evidence that a permitted alternative was tried, unavailable or not considered the best treatment option;
- the date and specific GC given, dose and by what means (such as a copy of the radiologist report if the injection is given under ultrasound or X-ray guidance).

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